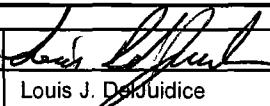


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2006</h3>		Complete if Known	
		Application Number	10/705,778-Conf. #4391
		Filing Date	November 10, 2003
		First Named Inventor	Satoshi Mizutani
		Examiner Name	J. F. Stephens
		Art Unit	3761
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	20050/0200475-USO
TOTAL AMOUNT OF PAYMENT (\$) 910.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Small Entity</u>	
						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>		
16	- 20 =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
2	- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
						<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within first month						120.00	
1801 Request for continued examination (RCE) (see 37 ...)						790.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. Deljuidice	Telephone	(212) 527-7791
		Date	November 9, 2006

Docket No.
20050/0200475-US0

Art Unit
3761

Invention: INTERLABIAL PAD

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	16	- 20 =	0	x	50.00	0.00
Independent Claims	2	- 3 =	0	x	200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00

☐ Small Entity

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.


☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

☒ Charge any additional filing or applica


Louis J. DelJudice
Attorney/Agent Reg. No.: 47,522

Dated: November 10, 2006

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